Star health
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Bringing back hope and dignity

"With every cleft we repair, we restore a life. With every smile we deliver, we bring hope and dignity"

NAIMUL HAQ
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Most children born with deformed split lip and split palate known as cleft lip and palate are socially isolated due to stigma.

An estimated figure shows that roughly twenty children born to every one thousand families would have developed the birth defect thought to be a curse or sin in the rural society. Another estimate shows that about 5000 children are born every year with the defects Bangladesh.

But thanks to application of modern re-constructive surgery. A group of dedicated doctors, nurses, anesthetists and social workers on a charity mission known as the Cleft and Social Aide Foundation (CSAF) have been offering free surgery to those distressed people who cannot afford to pay for such costly surgery.

"Our vision is to help those people badly in need of such simple surgery. In fact many people think that we charge for the surgeries. In this case, we need media support to for massive awareness," Dr A J M Salek, the chief plastic surgeon and Honourary Chairman of the organisation.

"A large population of our country is born with the defect and they are mostly poor. It was from this thinking we thought of starting CSAF about two years ago. In fact, there is a need to come by their side to help them, Said Dr Raghiv Manzoor, also a member of the charity mission.

He also said, "Due to their defects the children are often thought to be a burden - cannot go to school, social gatherings and they are also identified as disabled people as many often cannot speak properly. If we don't offer the services then who would? As an anesthesiologist I have commitment for the society and so the voluntary service."

The mission aims to help those unfortunate poor children irrespective of age, sex and religion. The medical team of CSAF consists of experienced plastic surgeons, anesthesiologists, pediatricians, orthodontists, speech therapists, nurses and social workers to provide safe and good quality primary surgery through team approach to achieve expected cosmetic and functional results.

CSAF is maintaining the database of all the patients to find out the causes and possible ways of prevention. The organisation is working to create social awareness regarding timely treatment by appropriate surgeons. It also wants to establish a center of excellence where surgeons with a track record of good surgery can work together. This center has engaged overseas experts in establishing an integrated training programme for the junior cleft surgeons.

Until now the CSAF team has performed 130 successful operations at the South View Hospital, located in city's Mirpur. CSAF has also organised free cleft surgery camps in Narayanganj and in Khulna with the support of well-equipped hospitals in the cities.

"Although we offer free services but the minimum cost of each operation is about TK 8,000 (140 US$). Most of the costs are covered by external donations. So far expatriate Bangladeshis have donated Tk. 1,00,000 to help poor cleft patients. CSAF is continuing its activities with the financial support of Australian High Commission who donated Tk.500, 000." Said Dr Salek.

"Cleft Lip repair has important cosmetic value. It can be repaired from the age of 3 months. Cleft palate repair is important for speech. It should be repaired from 8 to 12 months," surgeons explained.

"With every cleft we repair, we restore a life. With every smile we deliver, we bring hope and dignity" says the slogan of the organisation.

Cleft palate occurs alone less often, appearing in approximately 1 in 2,000 babies. Unlike the risk for cleft lip/palate, the risk for isolated cleft palate appears to be similar across all racial groups. Another difference from cleft lip/palate is that females are affected more often than males

Cleft lip surgery

A cleft lip can range in severity from a slight notch in the red part of the upper lip to a complete separation of the lip extending into the nose. Clefts can occur on one or both sides of the upper lip. Surgery is generally done when the child is about 10 weeks old.

To repair a cleft lip, the surgeon will make an incision on either side of the cleft from the mouth into the nostril. He or she will then turn the dark pink outer portion of the cleft down and pull the muscle and the skin of the lip together to close the separation. Muscle function and the normal "cupid's bow" shape of the mouth are restored. The nostril deformity often associated with cleft lip may also be improved at the time of lip repair or in a later surgery

Cleft palate surgery

In some children, a cleft palate may involve only a tiny portion at the back of the roof of the mouth; for others, it can mean a complete separation that extends from front to back. Just as in cleft lip, cleft palate may appear on one or both sides of the upper mouth. However, repairing a cleft palate involves more extensive surgery and is usually done when the child is nine to 18 months old, so the baby is bigger and better able to tolerate surgery.

To repair a cleft palate, the surgeon will make an incision on both sides of the separation, moving tissue from each side of the cleft to the center or midline of the roof of the mouth. This rebuilds the palate, joining muscle together and providing enough length in the palate so the child can eat and learn to speak properly.

Cleft problems

Clefts are associated with many problems including cosmetic deformities, dental deformities, speech, and swallowing, hearing and growth difficulties. These children are very unfortunate. They live in our society with no destiny, limited hope and restricted future.

They cannot play with other children, go to school, communicate with the near and dear ones or marry and so remain isolated throughout life.

Their number is ever increasing, because we cannot operate all the children born every year. Besides we have a huge backlog of patients. Many maltreated patients need revision and correction.

Government facilities will never allow all these cleft children to enjoy a normal life in this open world. The greatest tragedy is that all these sufferings are not because our children are born with clefts but because they are born poor; too poor to pay for a simple cure.

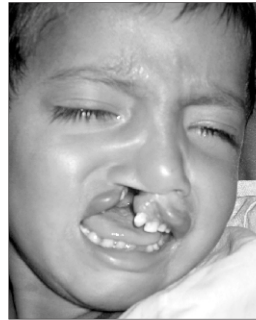
Treatment Facilities in Bangladesh

Majority patients need multiple procedures to correct all the problems. Having cosmetic values all these operations are preferably best done by qualified and experienced plastic surgeons.

Poor cleft patients have very little access to the plastic surgeons. Majority patients receive no treatment at all. Many others receive poor quality surgery by inexperienced surgeons and doctors because of the widely held view that any operation is better than none. In fact a badly performed operation actually creates irreparable damage, leaving the patient worse off than they were before surgery.

The organisation: CSAF

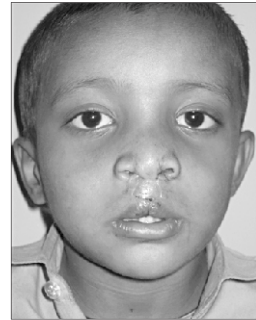
Cleft and social aide foundation is a Charitable non-government organisation (NGO) and first of its kind in initiating and ensuring proper treatment to the cleft lip and cleft palate patients in Bangladesh. As a registered organisation it has started its activities on 12th June 2000. Its dedicated medical team and motivated members are committed to providing free treatment facilities to the cleft children born in poor families.



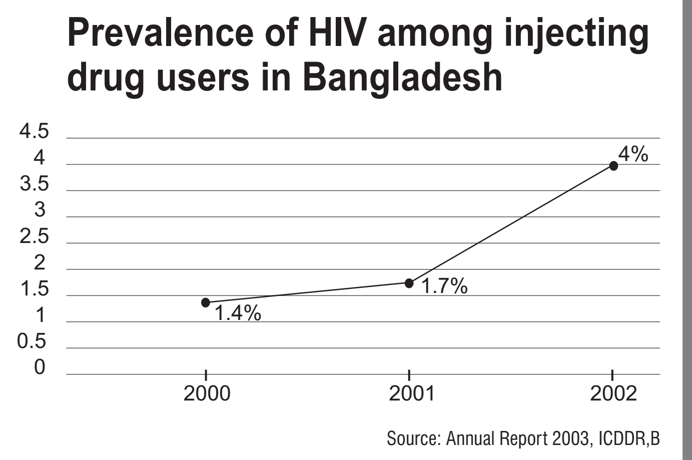
Cleft lip before surgery

What is cleft lip and palate?

In the early weeks of development, long before a child is born, the right and left sides of the lip and the roof of the mouth normally grow together. Occasionally, however, in about one of every 800 babies, those sections don't quite meet. A child born with a separation in the upper lip is said to have a cleft lip. A similar birth defect in the roof of the mouth, or palate, is called a cleft palate. Since the lip and the palate develop separately, it is possible for a child to have a cleft lip, a cleft palate, or variations of both.



Repaired cleft lip



HEALTH AND SCIENCE BULLETIN

Increasing antibiotic resistance of *Shigella* species

Surveillance for diarrhoeal disease pathogens at ICDDR,B hospital in Dhaka has shown that since 1980, *Shigella* species have been becoming increasingly resistant to commonly used antimicrobial drugs. *Shigella dysenteriae* type 1 (*Sd1*), responsible for major edpidemics during the 1990s and 1990s has acquired resistance to trimethoprim/sulphamethoxazole, tetracyclines, chloramphenicol and most recently, fluroquinolones, raising the potential for a new outbreak of *Sd1*-associated diarrhoeal illness.

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Source: ICDDR,B

Obese kids more likely to have bowel problems

Obese children appear to be at risk of both constipation and lack of bowel control, new research reports.

The U.S. investigators found that nearly one-quarter of obese kids between the ages of 1 and 18 are constipated, compared to only 16 percent of 2 year-olds and 3 percent of older children noted in previous reports.

Moreover, 15 percent of obese kids appeared to have problems with fecal soiling, which typically occurs in only 1 to 3 percent of all children.

Study author Dr Samuel Nurko said that obese children may be more likely to have bowel problems if they tend to eat less fiber or if they have problems with their intestines. However, no one is really sure why the rate of bowel problems is so much higher in obese kids, he said.

"First we saw there was a big problem.

"This is not the parents' fault, and this is not the kids' problem," Nurko said.

To investigate whether obese kids have a higher rate of bowel problems, Nurko and his team asked 80 visitors to an obesity clinic between the ages of 1 and 18 about their bowels. They defined constipation as having symptoms - including infrequent stools, straining or painful defecation - at least one-quarter of the time for at least 3 months.

Fecal soiling was defined as finding stool on underwear or pajamas in children over the age of 4 for at least 3 months, the authors note in the Journal of Pediatrics.

In an interview, Nurko explained that many pediatricians are likely unaware that many of their obese patients have bowel problems, since doctors likely focus on the myriad other known health problems associated with obesity, and may simply not ask about bowels.

Likewise, parents may not know their children only go to the bathroom infrequently, and may not notice the soiled laundry, he said.

Constipation and fecal soiling can make life even more difficult for a child already struggling with his or her weight, Nurko noted, but both conditions can be treated.

Consequently, he recommended that parents talk to their obese kids about how often they go to the bathroom. And if they sense their children are having problems, bring them to the doctor, he said.

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Source: The Journal of Pediatrics, August 2004.

HEALTH TIPS

Follow a regular plan of exercise

Exercise helps our bones, particularly our joint bones and the bones of the spinal column, rebuild and repair themselves as they should. Without exercise, they become thin and porous -- a condition known as osteoporosis. Strong muscles help protect your joints and spinal column, improve your posture and balance, increase your mobility, and reduce the likelihood of falls and other accidents, and give you a younger body image.

Caffeine interferes with diabetes control

Caffeine could interfere with the body's ability to handle blood sugar, thus worsening type 2 diabetes, US researchers said.

The team at Duke University Medical Center in North Carolina found a strong correlation between caffeine intake at mealtime and increased glucose and insulin levels among people with type 2 diabetes.

"In a healthy person, glucose is metabolised within an hour or so after eating. Diabetics, however, do not metabolise glucose as efficiently," said James Lane, a psychiatry professor who led the study.

"It appears that diabetics who consume caffeine are likely having a harder time regulating their insulin and glucose levels than those who don't take caffeine."

Writing in the journal Diabetes Care, Lane and colleagues said they studied 14 habitual coffee drinkers with type 2 diabetes. The researchers put the volunteers on a controlled diet.

They took their medications, had their blood tested and then were given caffeine capsules. More blood was taken then and after giving the volunteers a liquid meal supplement.

Caffeine had little effect on glucose and insulin levels when the volunteers fasted, the researchers found.

But after the liquid meal, those who were given caffeine had a 21 percent increase in their glucose level and insulin rose 48 percent.

"The goal of clinical treatment for diabetes is to keep the person's blood glucose down," Lane said in a statement.

"It seems that caffeine, by further impairing the metabolism of meals, is something diabetics ought to consider avoiding. Some people already watch their diet and exercise regularly. Avoiding caffeine might be another way to better manage their disease. In fact, it is possible that staying away from caffeine could provide bigger benefits altogether."

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Source: http://www.reuters.com

Sex during pregnancy!

STAR HEALTH DESK
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Sex and pregnancy are intimately related. One often leads to the other. What is perhaps less well understood, however, is the role of sex during pregnancy. Can sexual intercourse pose a risk during pregnancy? Do certain sexual positions pose a danger to the unborn baby? Learn the answers to these and other questions on this sensitive topic questions you may be too embarrassed to ask. But it is found often very necessary in our people.

Is it OK to have sex while I am pregnant?

In most cases, yes. Usually, you can have sex well during the second trimester (from 13 weeks to 24 weeks), as long as your pregnancy is proceeding normally. Intercourse is not recommended before and after the second trimester. In addition there may be some other conditions for which your doctor may ask you to stop having intercourse. So you must visit your doctor for antenatal check-up and take advise about sex during pregnancy.

Can intercourse result in a miscarriage?

You may be concerned that intercourse will cause a miscarriage, particularly in the first trimester. But intercourse is not a concern. Miscarriages that occur during this time period commonly do so as a result of a chromosomal abnormality or other .problem in the developing baby (fetus), not from anything you do or do not do.

Does intercourse harm the baby?

No. Your partner's sexual organ does not physically contact the fetus, which is well protected by your abdomen and the amniotic fluid in your uterus. And for most of your pregnancy, the mucous plug blocking your cervical opening prevents bacteria and semen from getting into your uterus i.e. it is well protected.

In the later months of pregnancy, there can be some problems with lying flat on your back during sex. It may cause lightheadedness or nausea likely the result of your enlarged uterus compressing the veins in the back of your abdomen, thus reducing your blood pressure. If this happens, avoid this position.

Can orgasms result in premature labor?

Orgasms can cause uterine contractions. However, most research indicates that if you have a normal pregnancy, orgasms with or without intercourse do not lead to premature labor or premature birth.

Is there any time doctors advise against intercourse during pregnancy?

If you have certain problems during pregnancy, your doctor may ask you to stop having intercourse. Examples of such problems include preterm (early) labor and vaginal bleeding. Cervix or placenta irregularities such as a cervix that begins to thin and open before your pregnancy reaches full term (cervical incompetence) or a placenta that partly or completely covers your cervical opening (placenta previa) also may require you to avoid sex.

Why might these conditions require avoiding sex?

If your cervix begins opening prematurely as the result of preterm labor or cervical incompetence, intercourse may pose a risk of infection. In addition, semen contains chemical signals called prostaglandins, which cause contractions. Exposure to these prostaglandins through intercourse may cause contractions, which could be worrisome if there is already risk of preterm birth.

If you have placenta previa, having intercourse could lead to dramatic bleeding and potentially shorten your pregnancy significantly, resulting in a preterm birth.

If you have had a previous preterm birth, you also may need to be more cautious than other women. Your doctor may advise you to avoid intercourse for all or part of your pregnancy. Also, if you are carrying two or more babies, your doctor may advise you to stop having intercourse a few weeks earlier than if you were carrying a single baby.

Should my partner use a condom?

Exposure to sexually transmitted diseases (STDs) during pregnancy increases your risk of infections that can affect your pregnancy and the health of your baby. So it is wise to use condoms during pregnancy in the suspected cases.

How does pregnancy affect sexual desire?

During the early stage of pregnancy, changing hormones, new weight gain and decreased energy levels may diminish your sexual desire. This lack of interest may continue through the first trimester, when exhaustion and nausea are common.

During the second trimester, however, you may find your interest changing. Increased blood flow to your sexual organs and breasts may rekindle your desire. It may even increase your usual interest in sex.

As you enter your final trimester, however, you may find your interest waning again. Your large abdomen may make sex physically challenging. Increased fatigue and back pain also may dampen your enthusiasm for lovemaking.

How can couples deal with these changes in sexual desire?

Communicate. There may be times when your partner is interested in having sex and you are not. If you reject his overtures in the bedroom, he may think you are rejecting him. In truth, you may just be tired or sore. By talking with each other about your needs and concerns, in an open and loving way, you can avoid such misunderstandings.

There is more to a sexual relationship than intercourse. If intercourse is difficult, off-limits or not interesting to you at the moment, try cuddling, touching or massage. Massage can heighten sensuality and intimacy and lead comfortably to intercourse. Or it can be an enjoyable end in itself. Find the balance that works best for you.

How soon after the baby's birth can I resume intercourse?

As a general rule, doctors recommend against vaginal intercourse until six weeks after delivery. This allows time for lacerations or a repaired episiotomy (incision to make the passage of baby more roomy) to heal. It also allows time for your cervix to close again and regain its barrier to infection.

Most women have a vaginal discharge called lochia for most, if not all, of the six weeks after delivery and are greatly fatigued from caring for a newborn. Although these issues don't make sex harmful, they may diminish your interest.

A good rule of thumb is to wait on intercourse until after your postpartum checkup. During this visit, you can review issues related to contraception. For many couples, the time immediately after the birth of a baby is one of the most important times to avoid another pregnancy.

An unnecessary taboo

Unless your doctor says otherwise, sex during pregnancy is safe for you and your baby. Follow your sex drive where it leads, but do not worry if the changes in your body and the aches and pains of pregnancy temporarily put your love life on hold. Communicate with your partner, share how you feel and nurture your relationship.